



**35th Annual San Diego Shoulder Course
Arthroscopy, Arthroplasty & Fractures
Hilton Bayfront San Diego, California
June 20 - 23, 2018**

EXHIBIT REGISTRATION FORM

Please document exhibit request information below. Booth assignments are made on a first come/ first served basis.

COMPANY NAME: _____ (please list exactly as you want listed on the exhibit sign)

PRODUCT: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (____) _____ FAX: (____) _____

YOUR NAME: _____ TITLE: _____

EMAIL ADDRESS: _____

Please indicate your choice(s) by checking the appropriate box(es) below:

- **Exhibit Booths. Number of Booths:** Booth sizes are 10' deep and 10' wide. Booth prices are \$3500 per booth. Pricing includes 8' high blue back drape, 3' high blue side dividers, and a 7"x44" identification sign.
We have modified our Exhibit Opportunities to increase product exposure. We will be combining the Chairmen's reception along with Industry Product Promotion. Use this time to showcase your new product, invite key faculty to perform technical demonstrations.
 - One booth
 - Two booths
 - Three booths
 - Four booths
 - Please call for more than four booths
- **Booth Preference:** List booth choices consecutively if you are requesting more than one booth
 - First Choice: _____
 - Second Choice: _____
 - Third Choice: _____
- **Special Notes/ Considerations:**
 - **Table Top Exhibit:** Table top exhibits are 6' tables. \$2500 per table. Price includes one 6' table, white table drape, and one chair.
 - One Table
 - Two Tables

Registration fees include **three company representatives per booth/ table top**. Additional representatives may register for \$250 per person. Please submit names for all badges using the badge request form no later than **May 31, 2018**.

TOTAL AMOUNT ENCLOSED _____

A \$100 administrative fee will be retained upon cancellation. No refunds will be made after May 1, 2018. Check Enclosed _____

- Credit Card Number: _____
 - Expiration Date _____ Security Code _____
 - Signature for Credit Card Charges _____

Make checks payable to: **San Diego Shoulder Institute**
San Diego Shoulder Institute Tax ID #87-0765789

REGISTER ASAP TO ENSURE SPACE AVAILABILITY

Return signed form with payment to:

San Diego Shoulder Institute
P.O. Box 890850
Temecula, CA 92589-0850

Phone: (760) 940-2066 or 951-695-6800
Fax: (951) 695-6801
email: sdsi_info@shoulder.com